

**RECEIVED
CENTRAL FAX CENTER**
Please type a plus sign (+) inside this box → **FEB 16 2006**

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

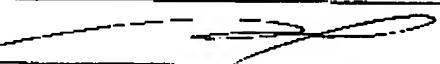
(to be used for all correspondence after initial filing)

		Application Number	10/661,368
		Filing Date	September 12, 2003
		First Named Inventor	YUN, ANTHONY JOONKYOO
		Group Art Unit	3762
		Examiner Name	Scott M. Getzow
Total Number of Pages In This Submission	26>	Attorney Docket Number	PALO-001

ENCLOSURES (check all that apply)

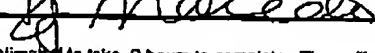
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) ≥	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620
Signature	
Date	February 16, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: February 16, 2006.

Typed or printed name	Donna Macedo	Date	February 16, 2006
Signature			

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: P.O. Box 1450 Alexandria VA 22313-1450.

VIA FACSIMILE
571 273 8300

AMENDMENT & RESPONSE		
Address to: Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	PALO-001
	Confirmation No.	6690
	First Named Inventor	Anthony Jookyoo Yun
	Application Number	10/661,368
	Filing Date	September 12, 2003
	Group Art Unit	3762
	Examiner Name	Scott M. Getzow
	Title:	"Treatment of Conditions Through Electrical Modulation of the Autonomic Nervous System"

Sir:

This communication is responsive to the Office Action dated November 18, 2005, for which a three-month period for response was given making this response due on or before February 18, 2006. Accordingly, this response is timely filed.

In view of the remarks set forth below, reconsideration and allowance are respectfully requested.